

POLITICAL ACTION COMMITTEE (PAC) REGISTRATION FORM

To be filed with:
Mark Martin, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

Registration for calendar year 2017

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Toll Free (800) 422-7773

Is this report an amendment? ☐ Yes ☒ No

FILED

JAN 16 2017

Section One: PAC Name

If the name of the PAC is an acronym, the full name of the PAC and the acronym should be disclosed.

Name of PAC (in full): AT&T Arkansas Employee Political Action Committee
Acronym (if applicable): AT&T Arkansas EmpAC

Arkansas
Secretary of State

Section Two: PAC Address & Phone Number

If PAC has no office address, use the address of the PAC officer authorized to receive notices on behalf of the PAC.

Address: 1111 W. Capitol Ave, Room 1070
City Little Rock State AR Zip 72201 Telephone Number _____

Section Three: PAC Officers

Provide the name, address, telephone number, and place of employment for each officer of the PAC.

Name: Edward Drilling Title: Chairman
Address: 1111 W. Capitol Ave, Room 1070 City: Little Rock State: AR Zip: 72201
Place of Employment: AT&T Services, Inc. Telephone Number: 501-373-6333

Name: Ronald Dedman Title: Vice Chairman
Address: 1111 W. Capitol Ave, Room 1096 City: Little Rock State: AR Zip: 72201
Place of Employment: AT&T Services, Inc. Telephone Number: 501-373-8084

Name: Tim Pickering Title: Secretary
Address: 816 Congress Ave, Room 1120 City: Austin State: TX Zip: 78701
Place of Employment: AT&T Services, Inc. Telephone Number: 512-457-2312

Name: Lisa Lake Title: Treasurer
Address: 1111 W. Capitol Ave, Room 1070 City: Little Rock State: AR Zip: 72201
Place of Employment: AT&T Services, Inc. Telephone Number: 501-373-5903

Section Three: PAC Officers (CONTINUED)

Provide the name, address, telephone number, and place of employment for each officer of the PAC.

Name: Melinda Faubel Title: Asst. Secretary

Address: 1111 W. Capitol Ave, Room 1070 City: Little Rock State: AR Zip: 72201

Place of Employment: AT&T Services, Inc. Telephone Number: 501-373-3330

Name: Sonjia Helms Title: Asst. Treasurer

Address: 1111 W. Capitol Ave, Room 941 City: Little Rock State: AR Zip: 72201

Place of Employment: Southwestern Bell Telephone Co. d/b/a AT&T Arkansas Telephone Number: 501-373-6026

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Telephone Number: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Telephone Number: _____

Section Four: Interests Represented

Provide any professional, business, trade, labor, or other interests represented by the PAC. Include any individual business, organization, association, corporation, labor organization, or other group or firm whose interests will be represented by the PAC.

Name of Interest Represented: AT&T

Address: 1111 W. Capitol Ave. City: Little Rock State: AR Zip: 72201

Name of Interest Represented: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Interest Represented: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Interest Represented: _____

Address: _____ City: _____ State: _____ Zip: _____

Section Five: Financial Institution

Provide the financial institution that the committee designates as its official depository for purposes of receiving contributions or making expenditures within the State of Arkansas.

Full Name of Financial Institution: Telco Federal Credit Union

Street Address: 820 Louisiana St City: Little Rock State: AR Zip: 72201

Section Six: Written Acceptance of Designation as Resident Agent

I hereby accept the designation as Resident Agent.

Lisa G. Lake
Signature of Resident Agent
Lisa G. Lake
Name of Resident Agent
501-373-5903
Telephone Number of Resident Agent
1111 W. Capitol Ave., Room 1070
Street Address of Resident Agent
Little Rock, AR 72201
City, State, Zip Code of Resident Agent

Affidavit

I certify under oath that the above information is true and correct. In addition, I certify that the committee shall maintain for a period of four (4) years records evidencing (1) the name, address, and place of employment of each person who contributed to the committee, along with the amount contributed and (2) the name and address of each candidate or committee which received a contribution from the committee, along with the amount contributed. By filing this registration form, the committee hereby submits itself to the jurisdiction of the State of Arkansas for all purposes related to compliance with subchapter 2 of chapter 6, Title 7 of the Arkansas Code.

Lisa G. Lake
Signature of Committee Officer

State of Arkansas
County of Pulaski } ss.

Subscribed and sworn before me this 16th day of January, 20 17

(Legible Notary Seal)

Sonja R. Helms
Signature of Notary Public

My Commission Expires: January 21, 2021

Form Approved by the Arkansas Ethics Commission
Revised 08/2015

